

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037458

FILED VS. OCT 12 1960 98

3006

567

STATE FILE NUMBER

INDEXED

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>823 Westminister</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Brenda</u> Middle <u>Jeannie</u> Last <u>Smith</u>				4. DATE OF DEATH Month <u>October</u> Day <u>8</u> Year <u>1960</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-24-60</u>		9. AGE (last birthday) IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u> Hours <u>13</u> Min. <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>minor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Fulton - Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME <u>Brenda Joyce Smith</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT Address <u>Columbia, Mo.</u> <u>Hospital record University of Mo Medical Center</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CESSATION OF HEART BEAT</u> DUE TO (b) <u>RESPIRATORY ARREST</u> DUE TO (c) <u>MALNUTRITION, DEHYDRATION, ACIDOSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u> <u>3 DAYS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u>3 PM</u> Month, Day, Year <u>7 OCT 60</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>3 PM 7 OCT 60</u> to <u>3:32 AM 8 OCT 60</u> and last saw her alive on <u>8 OCT 60</u> Death occurred at <u>3:32 AM 8 OCT 60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>George L. Baker M.D.</u>					22b. ADDRESS <u>unme Columbia, Mo.</u>			22c. DATE SIGNED <u>10/8/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Oct. 10, 60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Southside</u>		23d. LOCATION (City, town, or county) (State) <u>Fulton Callaway, Mo.</u>			
24. FUNERAL DIRECTOR <u>George H. Green, Fulton, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Oct 8, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*George H. Green*

Licensed Embalmer No. 422

P. O. Address \_\_\_\_\_

*Shelton, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.